Avinashilingam Institute for Home Science and Higher Education for Women

Deemed to be University Estd. u/s 3 of UGC Act 1956, Category 'A' by MHRD (now MoE)
Re-accredited with 'A++' Grade by NAAC. CGPA 3.65/4, Category I by UGC
Coimbatore - 641 043, Tamil Nadu, India

Bachelor's Degree Examination – May 2025
VI Semester

Class : III UG **Time: 3 Hours**
Major : Optometry **Max. Marks: 100**

22BOPC39 Paediatric Optometry

Course Outcomes:
On the successful completion of the course, students will be able to

CO1: To have knowledge of childhood development and visual development
CO2: To understand the varied assessment concepts of paediatric vision disorders
CO3: To gain knowledge of the epidemiology and treatment of eye disease in children
CO4: To understand the aetiology, clinical presentation and treatment of amblyopia
CO5: To have knowledge of the art of dispensing spectacles, contact lens and low vision aids

Part A **10 x 1 = 10**
Choose the Correct Answer

1. The following test help in determining microtropia CO4 K1
   a. + 3 D test b. Patch test
   c. PBLT d. 4 Prism BO Test

2. Babies should begin to following moving objects with their eyes and reach for things at around CO1 K1
   a. 3 months of age b. Birth
   c. 6 months of age d. 9 months of age

3. _____ test used to isolate the paretic muscle in vertical acquired diplopia CO4 K1
   a. Scobee burian b. Park three step
   c. Bagolini lenses d. Double Maddox rod

4. Baby with port wine stain should be carefully addressed for CO3 K1
   a. Glaucoma b. Strabismus
   c. Cataract d. Uveitis

5. In Hess chart presence of compressed fields indicate CO4 K1
   a. Palsy b. Mechanical defect
   c. Accommodative cause d. Congenital strabismus

6. Blink response to visual threat developed by CO1 K1
   a. 1 year b. 6 -8 months
   c. 2 -5 months d. 1 months

7._____ is the type of bifocals are commonly prescribed for paediatrics CO5 K1
   a. D b. Univis D
   b. Executive d. Kryptok

8. Aniridia means CO3 K1
   a. Absence of iris b. Coloboma of iris
   b. Termers of iris d. Iris atrophy

9. Which of the following muscle is not innervated by oculomotor nerve? CO4 K1
   a. LPS b. LR
   b. MR d. IO

10. Hypertelorism is not seen in CO3 K1
   a. Lowe's syndrome b. Crouzon's syndrome
   b. Hurler's syndrome d. Marfan's syndrome

Part B **5 x 6 = 30**

Answer ALL questions

Each answer should not exceed 400 words or two pages

11.a. Explain Duane's syndrome, and its types.	CO4 K2
(or)	
11.b. Discuss about STUMPED.	CO3 K2
12.a. Notes non surgical management of squint.	CO4 K2
(or)	
12.b. Write in detail about refraction in children.	CO5 K2
13.a. Illustrate the steps involved in Bielschowsky head tilt test.	CO5 K2
(or)	
13.b. Steps in diagnosis of intermittent exotropia.	CO4 K2
14.a. Detail notes on non-Accomodative esotropia.	CO4 K2
(or)	
14.b. Give a brief on paediatric history taking.	CO2 K2
15.a. Brief notes on NLD obstruction and management .	CO2 K2
(or)	
15.b. Criteria for Paediatric prescribing glasses for refractive errors.	CO5 K2

Part C **5 x 12 = 60**

Answer ALL questions

Each answer should not exceed 800 words or four pages

16.a. Detailed notes on Restrictive strabismus- features and management.	CO4 K2
(or)	
16.b Describe the sequel of ocular muscle palsy. Explain the potential clinical features.	CO4 K2
17.a. Detailed vision assessment in school going children.	CO2 K2
(or)	
17.b. Elaborate accommodative Esotropia- clinical examination, classification, and management.	CO4 K2
18.a. Detailed notes on ocular developmental milestones.	CO1 K2
(or)	
18.b. Notes on anisometropia- types & management.	CO3 K2
19.a. Explain in detail about the vision assessment in infants.	CO2 K2
(or)	
19.b. Discuss the management of congenital cataract.	CO3 K2
20.a. Explain A & V pattern with neat diagrams.	CO4 K2
(or)	
20.b. Explain the pathological and structural congenital abnormalities in the following: i. Iris & pupil ii. lens iii. vitreous iv. cornea	CO3 K2

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